



Arrhythmias

HISPANICS WITH RENAL FAILURE AND ATRIAL FIBRILLATION HAVE HIGHER RATE AND EARLIER INCIDENCE OF READMISSIONS AS COMPARED TO BLACK OR WHITE PATIENTS: AN ACAP-RACE REGISTRY ANALYSIS

Poster Contributions

Poster Sessions, Expo North

Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Arrhythmias: AF/SVT III

Abstract Category: 4. Arrhythmias: AF/SVT

Presentation Number: 1151-47

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Background: Atrial fibrillation (AF) is 10 to 20-fold higher in patients with severe renal insufficiency (SRI, eGFR< 30 mL/min/1.73 m²). Both AF and SRI impairment are related to an increased rate of hospitalizations.

Methods: ACAP-RACE is a prospective longitudinal registry for the management of patients with AF. Our primary endpoint was to establish if ethnic differences had an impact on rate and time to readmission of AF and SRI patients.

Results: The cohort includes 1662 subjects, with 151 patients meeting criteria with 54% of males. Blacks(B) comprised 55.7%, Whites(W) 19.5%, Hispanics(H)16%, and others 8.8%. Mean eGFR was 15. The median follow up was 156 days with 82 patients (54%) readmitted. The readmission rates were 83% H 54% B and 38% W [p<0.01]. The mean time to readmission was significantly shorter in H (157 days), as compared to B (212days) or W (257 days) [p<0.01]. In a multivariate analysis [Figure 1], H were found to have a 3 fold elevated risk of readmissions as compared to B (HR 3.6; 95% CI 95% 1.9-6.6; p<0.01). The risk of was similar to B and W. This difference remained constant after adjusting for potential confounders. The other significant predictor of readmissions was tobacco use (HR 2.1; 95% CI 1.1-4.2; p=0.03).

Conclusions: Our study demonstrates that in our population Hispanics with AF and SRI are at a higher risk for early readmission and readmission overall. Further studies are needed to elucidate the reasons for this disparity that may be related to language barriers.

